

APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

PART I - BIOGRAPHIC DATA

INSTRUCTIONS: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answer to all questions. Questions that are **Not Applicable** should be so marked. If there is insufficient room on the form, answer on a separate sheet using the same numbers as appear on the form. Attach the sheet to this form.

WARNING: Any false statement of This form (OF-230 PART I) is Part Immigrant Visa and Alien Registrati	I of two parts					
I. FAMILY NAME		FIRST NAME		MIDDLE NAME		
2. OTHER NAMES USED OR BY WH	IICH KNOWN (i	lf married woman, give maiden r	name)	s .		
3. FULL NAME IN NATIVE ALPHABE	T (If Roman le	tters not used)				
I. DATE OF BIRTH (mm-dd-yyyy)	5. AGE	6. PLACE OF BIRTH (City or town)	1	(Province)	(Co	ountry)
7. NATIONALITY (if dual national, give both)	8. GENDER	9. MARITAL STATUS				
	MALE FEMALE	Single (Never married)	Married	Widowed	Divorced	Separated
10. MARKS OF IDENTIFICATION		Including my present marriage			times.	
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2. NAME OF SPOUSE (Maiden or fo	amily name)	Telephone number: (First name)	Home	(Middle name)	Office	
Date and place of birth of spouse: Address of spouse (If different fro						
Spouse's occupation:						
13. LIST NAME, DATE AND PLACE NAME		D ADDRESSES OF ALL CHILDRI m-dd-yyyy) PLACE OF BIRTH		ADDRESS (If differe	nt from your own)	
14A DEDCOMO NAMED IN 40 ANI	2.40.14(10.14(1)					
14A. PERSON(S) NAMED IN 12 ANI	וא WHO WIL	L ACCOMPANY ME TO THE UN	IIIED STATE	S NOW.		

	IDTIL AND ADDRESS (PAGE
5. NAME OF FATHER, DATE AND PLACE OF B	IRTH, AND ADDRESS (If deceased, so state and gi	ive year of death)	
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16. MAIDEN NAME OF MOTHER, DATE AND PL	ACE OF BIRTH, AND A	DDRESS (If deceased, so st	tate and give year of	death)
17. LIST BELOW ALL EMPLOYMENT FOR THE L	AST TEN YEARS			
EMPLOYER	LOCATION	JOB TITLE		FROM/TO (mm-dd-yyyy)
	. ' 8			
n what occupation do you intend to work in the				
18. LIST BELOW ALL EDUCATIONAL INSTITUTION SCHOOL AND LOCATION	ONS ATTENDED	FROM/TO (mm-dd-yyyy)	COURSE OF STUDY	DEGREE OR DIPLOMA
		THOM! TO (min du yyyy)	COUNCE OF CIOD	DEGREE OR DIT COM
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*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (OIS/AIDR) Washington, D.C. 20520 0264, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0015), Washington, D.C. 20503.